

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0 0 0;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number		10/680,449								
		Filing Date		October 6, 2003								
		First Named Inventor		Huang								
		Art Unit		1635								
		Examiner Name		L.V. Wollenberger								
		Confirmation Number		4490								
		Attorney Docket Number		1438.01								
ENCLOSURES (check all that apply)												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Exhibit A (8 pages) </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div> Remarks </td> <td colspan="2" style="height: 60px;"></td> </tr> </table>					<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Exhibit A (8 pages)	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-bottom: 5px;"></div> Remarks				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT												
Company Name	Myriad Genetics, Inc.											
Signature	/Herbert L. Ley III/											
Printed name	Herbert L. Ley III, Ph.D. 53,215											
Date	March 22, 2007	Reg. No.	53,215									